

Office of the State
Long-Term Care Ombudsman
Annual Report
2004

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HOUSE OF REPRESENTATIVES

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As established in 321 IAC 8.5(2)e, the Office of the State Long-Term Care Ombudsman is required to submit a report to the General Assembly by January 15th of each year.

2004 was a year of change for the Office of the State Long-Term Care Ombudsman. More residents and their families received assistance through the Office than in any previous year, and the demand continues to grow.

Debi Meyers left the Office in August 2004 after serving as State Long-Term Care Ombudsman since the summer of 1998. She left behind a unit that changed from being reactive to being proactive regarding long-term care situations. Staff was trained to advocate and resolve complaints made by, or on behalf of, residents living in long-term care facilities. Under her direction, regional ombudsmen were hired and complaints were investigated in person on a routine basis as opposed to simply providing help and information over the phone.

Jeanne Yordi replaced Debi as the State Long-Term Care Ombudsman at the end of August 2004. Corey Stull remains as a regional long-term care ombudsman. Tammy Schafer was promoted from Administrative Assistant to regional ombudsman. The legislature granted the Office two more positions effective July 1, 2004. Three new ombudsmen were hired to fill the two new positions and the position vacated by Jeanne Yordi's promotion.

Tony Amos, Connie Hadden and Trish Hudson brought an extensive amount of professional experience and expertise into the Unit that enabled them to quickly begin on-site complaint investigations. By the end of November each regional Ombudsman was actively involved in responding to resident concerns in one of the five newly created regions. Training continues through regular meetings and joint investigations with the State Long-Term Care Ombudsman.

With the addition of two new full time ombudsmen, the Office of the State Long-Term Care Ombudsman still does not meet the recommendation of the Administration on Aging to have one full time ombudsman for each 2,000 long-term care residents. Until August, 2004 the ratio was approximately 1:13,000. The State Ombudsman did very few complaint investigations, and

the two regional ombudsmen split the state in half, so the ratio was closer to 1:19,500.

However, even with five regional Ombudsmen and one State Long-Term Care Ombudsmen, the ratio remains at approximately one ombudsman to each 9,000 people living in long-term care facilities. In 2003, the 80th General Assembly changed the Iowa Code 231C, which mandates the State Long-Term Care Ombudsman take responsibility of advocating for over 8,000 assisted living beds.

In addition to the three new ombudsmen, the Office continued to be restructured by moving the Elder Abuse initiative/Elder Abuse Prevention Coordinator and the Legal Services Developer to this Office. This move more closely aligns the duties of the Office with the Older Americans Act. It is anticipated that there will be joint investigations involving the Ombudsmen and Elder Abuse Initiative workers, especially in assisted living. The Legal Services Developer will become more aware of legal issues surrounding older Iowans living in long-term care facilities, and will work on legislation and system changes to affect change, especially regarding powers-of-attorney, guardianships and conservatorships.

LONG-TERM CARE OMBUDSMAN COMPLAINT AND PROGRAM ACTIVITY SUMMARY

COMPLAINT CATEGORY	FFY 04	FFY 03	PROGRAM ACTIVITY CATEGORY	FFY 04	FFY 03
Abuse, Gross Neglect, Exploitation	23	10	Training for Ombudsmen/volunteers	40	33
Access to Information	15	18	Technical assistance for Ombudsmen/volunteers	58	15
Admission, Transfer, Discharge, Eviction	157	149	Training for facility staff	9	12
Autonomy, Choice, exercise of Rights, Privacy	170	145	Consultations to facilities/providers	751	668
Financial, Property	50	45	Consultations to individuals	1487	1144
Care	233	254	Resident visitation-non complaint related	50	9
Rehabilitation of Maintenance of Function	13	14	Resident visitation-complaint related	373	
Restraints-Chemical or Physical	8	6	Participation in facility surveys	50	32
Activities and Social Services	30	27	Work with resident councils	0	5
Dietary	62	67	Work with family councils	0	3
Environment	50	72	Community education	28	11
Policies, Procedures, Attitudes, Resources	54	53	Media Interviews	35	
Staffing	67	54	Monitoring laws	6%	
Certification/Licensing Agency	11	5			
State Medicaid Agency	5	7			
System/others	40	40			
Other than ICF/RCF	10	11			
# of new cases opened	415	458			
# of complaints	998	977			

COMPLAINT AND PROGRAM ACTIVITIES

While the Office of the State Long-Term Care Ombudsman handled 48 fewer cases, the number of complaints did increase slightly. There are several significant points in these 2004 complaint numbers.

These numbers reflect complaints closed during the 2004 federal fiscal year, October 1, 2003 through September 30, 2004.

These numbers do NOT reflect the work of the additional ombudsmen.

While complaint numbers did not increase significantly during this report period, consultations to individuals increased by 343 telephone calls and consultations to facilities increased by 83 telephone calls. In analyzing the specific information, data shows that these increased calls provided information and assistance to resolve the concerns at the local level so they did not rise the level of a reported complaint. Increasing technical support to quickly resolve resident concerns translates to increased resident satisfaction. It is important to note that these telephone calls take a significant amount of staff time, and, while we do not then record an "official complaint," staff time is still being spent resolving resident concerns.

The Ombudsmen completed a training series held by the Administration on Aging to attempt to refine the complaint reporting process and make certain all states enter data in a consistent manner. Ombudsmen are now much more aware of appropriate complaint categories, and this has altered some of the categories slightly.

An increased number of complaints into category D-Autonomy, Choice, Rights and Privacy fell mainly in the sub-category of "dignity, respect and staff attitudes." These complaints did not rise to the level of abuse but an increased number of residents and families complaint about staff attitudes.

The increase in abuse complaints reflects both complaints against facility staff and complaints against responsible party/guardians. All complaints in the abuse category were referred to the appropriate agency.

FACILITY CLOSINGS

Five nursing homes closed during 2004. When possible, ombudsmen were in the building 30 days prior to the closing to visit with residents and families, assist with finding alternative placement and to support residents and families through the emotional trauma of being forced to leave their home. The Ombudsmen followed up with residents at regular intervals after the move to ensure a smooth transition and continued care. Members of the Office of the Long-Term Care Ombudsman spent over 500 hours with more than 230 residents before, during and following the move to a new facility.

RESIDENT ADVOCATE COMMITTEES

The resident advocate committee volunteers continue to play a significant part in resolving complaints at the local level. Volunteers meet with residents on a regular basis to help resolve concerns as quickly as possible.

Approximately 3,200 volunteers spent an estimated 156,000 hours in long-term care facilities during this report period. According to United Way of Central Iowa, the value of a volunteer hour is \$17.19. This translates into \$2,681,640 in volunteer time contributions. These volunteers identified and worked to resolve over 1,600 complaints in long-term care facilities.

Resident advocate committee secretaries send regular reports to the Office of the Long-Term Care Ombudsman. These reports are read by members of the Ombudsman Unit and follow up or further investigation is provided as needed.

The Area Agencies on Aging chose not to participate in this program beginning July 1, 2004. A Request for Proposals was initiated, and the contract was awarded to Heritage Area Agency on Aging, with Diane Beierle assuming the role as coordinator of this statewide program. The RFP listed tasks including:

- Processing of applications including initial screening calls to the applicant
- Entering changes of status into the database
- Planning and coordination training
- Providing orientation to all new RAC members
- Keeping statistics

Following an initial assessment of the program, several changes were made:

- Applications are now processed with 10 days. This allows volunteers to fill a vacant slot on a committee as soon as possible.
 - The applicant is screened during an initial telephone call, where general information about this volunteer opportunity is presented.
 - If approved, all information is entered into the database.

- A packet is mailed to each new volunteer that consists of a welcome letter, information about the program and the current manual.
- All new RAC members must attend an orientation conference call prior to beginning volunteer duties. In the past, many complaints have been received that new volunteers do not receive any training. This orientation gives them a basic understanding of volunteer duties, how to do the job, and establishes a connection with each new volunteer so they feel more comfortable calling with requests, concerns or problems.
 - Conference calls are held twice each month or, if the new volunteer cannot attend, a personal telephone call will be initiated to complete the orientation
 - Orientation is held at a facility when most of the committee members are new
- A new quarterly newsletter has been distributed to keep volunteers up to date on pending legislation and changes within the long-term care system that may affect the residents. This newsletter also offers education on specific topics.
- The database is now up to date and changes of status have decreased from a high of 58 per month to an average of 12 per month. Telephone calls are made to all persons reporting a change of status (membership status or personal information change). This ensure that our records are accurate at all items, that volunteers will receive all information sent to them in a timely manner, and that residents and families have accurate information about who the advocates are at their facility.

While the contracted coordinator handles all of the day-to-day paperwork and telephone calls, the State Long-Term Care Ombudsman still continues to manage the program. The State Long-Term Care Ombudsman also conducts training throughout the state to provide a direct link between state and local advocacy, enhance the professionalism of the volunteers, facilitate

communications, and responds to questions and requests for information frequently.

This transition has made the program much more cohesive and streamlined. We are certain that all volunteers receive the same information, training, and assistance. The turnover rate for volunteers will be calculated throughout this contract period and other data will be assessed to ensure the RAC programs continues to grow in strength and numbers.

Five months of the contract period have been completed, and detailed records are now available for all facets of the program. With limited funding available, this program continues to function at a minimal level. It will be very challenging for the Resident Advocate Committee Program to grow in strength and numbers, to continue the training and provide the support and encouragement the volunteers need with existing resources.

RESIDENT ADVOCATE COMMITTEE COMPLAINT SUMMARY

COMPLAINT CATEGORY	FFY04
Abuse, Gross Neglect, Exploitation	1
Access to Information	6
Admission, Transfer, Discharge, Eviction	7
Autonomy, Choice, Exercise of Rights, Privacy	161
Financial, Property	67
Care	362
Rehabilitation or Maintenance of Function	42
Restraints-Chemical or Physical	2
Activities and Social Services	212
Dietary	291
Environment	409
Policies, Procedures, Attitudes, Resources	5
Staffing	61
Certification/Licensing Agency	1
State Medicaid Agency	0
System/Others	11
Other than ICF/RCF	0
TOTALS	1638

70% of the complaints identified by the RAC volunteers were resolved to the satisfaction of the resident. Complaint resolution rates are calculated as a part of the accountability measures, allowing a facility to earn additional dollars.

Concerns addressed by the resident advocate committees tend to follow a different pattern than those of the Office of the State Long-Term Care Ombudsman, but show that the committees are working appropriately. 25% of the concerns were environmental, 22% were related to care, 18% were dietary and 13% identified concerns with activities and social services. 54% of the care concerns reported indicates that residents/families stated call lights were not being answered within the required 15 minutes and showers/baths were reported as not being given.

IOWA ADMINISTRATIVE CODE

Changes in the Iowa Administrative Code to 321 Chapter 8 were completed in 2004. These changes clarified Ombudsman access to records and created rules for a Volunteer Long-Term Care Ombudsman Program.

In Iowa, the Office of the State Long-Term Care Ombudsman is located within the Iowa Department of Elder Affairs. As required by the Older Americans Act, the State Long-Term Care Ombudsman is full time. Duties include the following:

- A. Identify, investigate, and resolve complaints that
 - ❖ are made by or on behalf of residents and
 - relate to action, inaction, or decisions that may adversely affect the health, safety,
 - welfare, or rights of the residents (including the welfare and rights of the residents with respect to the appointment and activities of guardians and representative payees), or
 - providers, or representatives of providers, of long-term care services;
 - public agencies; or
 - health and social service agencies;
- B. Provide services to assist the residents in protecting the health, safety, welfare and rights of the residents;
- C. Inform the residents about means of obtaining services provided by providers or agencies described above;
- D. Ensure that the residents have regular and timely access to the services provided through the Office and that the residents and complainants receive timely responses from representatives of the Office to complaints;
- E. Represent the interests of the residents before governmental agencies and seek administrative, legal, and other remedies to protect the health, safety, welfare, and rights of the residents;
- F. Provide administrative and technical assistance to regional long-term care ombudsmen;
- G. Analyze, comment on, and monitor the development and implementation of Federal, State, and local laws, regulations, and other governmental policies and actions,
 - a. that pertain to the health, safety, welfare, and rights of the residents, and with respect to the adequacy of long term care facilities and services in the State;
 - b. recommend any changes in such laws, regulations, policies, and actions as the Office determines to be appropriate; and

- c. facilitate public comment on the laws, regulations, policies, and actions;
- H. provide for training representatives of the Office
 - a. promote the development of citizen organizations, the participate in the program; and
 - b. provide technical support for the development of resident and family councils to protect the well-being and rights of residents; and
- I. Carry out such other activities as the Commissioner determines to be appropriate.z

SUMMARY

2004 was a year of change and growth for the Office of the State Long-Term Care Ombudsman.

Jeanne Yordi replaced Debi Meyers as State Long-Term Care Ombudsman.

The Office of the State Long-Term Care Ombudsman was reorganized by moving the positions of Elder Abuse Initiative/Prevention Coordinator and Legal Services Developer into the Ombudsman Unit.

Increased the number of Regional Long-Term Care Ombudsmen from two to five.

Divided the state into five regions, with a regional long-term care ombudsman assigned to each area.

Developed a training curriculum and training program for the new regional ombudsmen.

Investigated 373 cases on-site.

Provided over 450hrs of assistance to approximately 230 residents when four long-term care facilities closed.

Processed 998 complaints made by, or on behalf of people living in long-term care facilities

Implemented an emergency service that is available to residents and providers that offers connection to an on-call person 24/7.

3,200 Resident Advocate Committee volunteers responded to over 1,600 complaints, worked approximately 156,000 hours, which equals \$2,681,640 in volunteer time contributions.

Commenced advocacy for tenants living in assisted living facilities.

Revised Section 321, Chapter 8 of the Iowa Administrative Code.

Complaints received by the Office of the State Long-Term Care Ombudsman continue rise and must take priority. Without additional resources, this office will once again find itself working at capacity this year.

The Resident Advocate Committee Program cannot grow with funding at the current level. The program has become much more cohesive, streamlined and efficient, however to actively recruit and train new volunteers requires considerable time and expense. These volunteers are vital to the operation of the Office of the State Long-Term Care Ombudsman and without increased funding, this program cannot become expand000

Residents living in long-term care facilities in the State of Iowa are fortunate to have a very dedicated and compassionate staff working within the Office of the State Long-Term Care Ombudsman. Regional long-term care ombudsmen work tirelessly to identify, investigate and attempt to resolve concerns related to life in long-term care facilities, to advocate on behalf of people living in long-term care facilities, and to work toward culture change within the system to help promote autonomy, quality of life and quality of care. Without increased appropriations, the programs of the Office of the State Long-Term Care Ombudsman will continue to struggle to meet the mandates set forth in the Older Americans Act.